

PREVENTING FALLS IN OLDER ADULTS



Why Falls Matter?

A Personal Story – A Fall Changed My Life

"I was traveling in Israel when it happened," said Ruth Leibowitz. "I sustained a C2 fracture and had to wear a neck brace for three months." Ruth experienced the major fall in 2009 after suffering minor injuries from a few falls. An active, independent 86-year-old woman, who lives alone, now knows firsthand the danger of falls for older adults.

The neck brace made life difficult and inconvenient for Ruth. "I couldn't drive. I had to rely on my daughter to drive me to appointments and take me shopping," she said. The only thing I could do by myself was walk to a nearby store for small items. I felt so helpless."

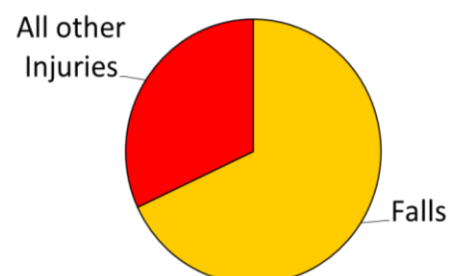


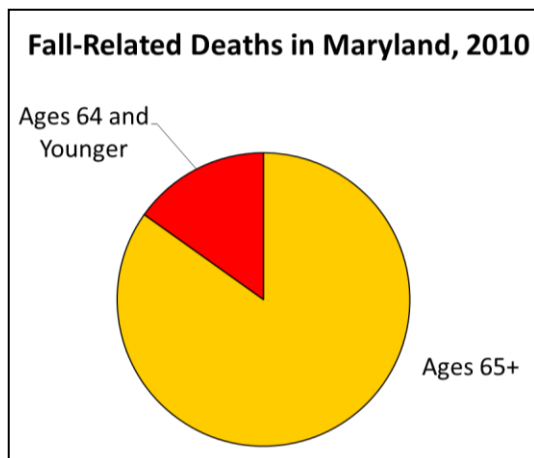
Recovery was a long and difficult process. "I had to have physical therapy after my neck brace was removed. I had to learn how to move around again and do things for myself." The experiences that resulted from her fall have changed Ruth's outlook. "I used to do things quickly. Now I move slower and I am more careful," she said. "I still have to do my exercises to keep myself strong," Ruth said. "Now I exercise four times a week at a gym. I use a recumbent bicycle, weight machines and a treadmill. I don't walk outside as much because I'm afraid I might trip over uneven sidewalks and curbs. And I definitely don't want to fall again!"

The Problem – Falls Change Thousands of Lives

- More than one third of adults 65 and older fall each year in the United States.¹
- Everyday in 2010, about **77** adults aged 65 and older were treated and discharged from hospital outpatient centers (such as hospital clinics and emergency departments), and another **44** people were treated and hospitalized due to falls, making it **the leading cause** of injury-related hospital outpatient visits (28,224) as well as injury-related hospitalizations (16,161) for this age group in Maryland.²

Injury-Related Hospitalizations for Ages 65+ in Maryland, 2010





- Of the 600 fall-related **deaths** reported in 2010 in Maryland, **509 (85%)** were adults 65 and over, which more than doubled the 188 cases reported in 2000.^{2,3}
- Falls are among the **most serious and common problems that threaten independence and quality of life for older adults**. Falls are a **strong predictor of placement in a skilled-nursing facility** among older adults living in the community.⁴

- **Falls are also costly**. In 2010, the total hospitalization charges for treating falls was **\$209,640,128** and **\$139,853,232 (67%)** was from adults 65 and older.² According to the Maryland Injury Workers Insurance Fund (IWIF) 2010 data, approximately 6% (**\$2,000,00.00**) of their total claims were filed from **workers aged 65 and older due to falls**.

Major Risk Factors for Fall in Older Adults:

- √ Lack of Exercise
- √ Medication Side Effects
- √ Vision Problem
- √ Home/Environmental Hazards

What you can do in your community to prevent falls.

- Join the statewide injury prevention coalition “Partnership for a Safer Maryland” to stay updated on the issue.
- Familiarize yourself with available resources by visiting www.safermaryland.org.
- Promote awareness of injuries related to falls in your community and evidence-based intervention programs.
- Build a local group to prevent falls.

The Partnership supports activities to prevent falls among older adults. Visit our website (www.safermaryland.org) for a comprehensive resource list of available publications, evidence-based fall prevention programs, and various actions taken by organizations on fall prevention in Maryland.

REFERENCES

1. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.
2. Unpublished data from the Maryland Health Services Cost Review Commission Hospital Discharge dataset.
3. *Injury-Related Deaths in Maryland: A Statewide Perspective 1999-2000*. Maryland Department of Health and Mental Hygiene, 2002.
4. Tinetti ME, Williams CS *Falls, injuries due to falls, and the risk of admission to a nursing home*. N Engl J Med. 1997 Oct 30;337(18):1279-84.

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